CLAIMS ONLY

Application Number	Filing Date
10/519949	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*				*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16	1						66							
17		1					67							
18							68							
19		1					69							
20							70							
21		1					71							
22		1					72							
23	1						73							
24		1					74							
25		1					75							
26		1					76							
27	1						77							
28							78							
29	1						79							
30		1					80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	5						Total Indep							
Total Depend	10						Total Depend							
Total Claims	15						Total Claims							